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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*

This application is a CIP of 10/374,360 02/25/2003

Yes  No 

## \*\* FOREIGN APPLICATIONS \*\*\*\*

PO 

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 09/08/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	GA	4	6	1

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## TITLE

Infant feeding veil support

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